

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Manoa Cottage	CHAPTER 100.1
Address: 2035 Kamehameha Avenue, Honolulu, Hawaii 96822	Inspection Date: July 18 & 19, 2019 Annual

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-8 <u>Primary care giver qualifications.</u> (a)(5) The licensee of a Type I ARCH acting as a primary care giver or the individual that the licensee has designated as the primary care giver shall:</p> <p>Have completed ARCH teaching modules that are approved annually by the department;</p> <p><u>FINDINGS</u> PCG – No documented evidence of ARCH modules completion.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>please see attached</i></p>	<p><i>9/6/19</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-8 <u>Primary care giver qualifications.</u> (a)(5) The licensee of a Type I ARCH acting as a primary care giver or the individual that the licensee has designated as the primary care giver shall:</p> <p>Have completed ARCH teaching modules that are approved annually by the department;</p> <p><u>FINDINGS</u> PCG – No documented evidence of ARCH modules completion.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>please see attached</i></p>	<p><i>9/6/19</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.</p> <p><u>FINDINGS</u> PCG – No annual physical examination. Physical exam document did not indicate the individual performing the exam, nor the date of the exam (half of the document was missing).</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>please see attached</i></p>	<p><i>9/6/19</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.</p> <p><u>FINDINGS</u> PCG – No annual physical examination. Physical exam document did not indicate the individual performing the exam, nor the date of the exam (half of the document was missing).</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>please see attached</i></p>	<p><i>9/6/19</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (l) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.</p> <p><u>FINDINGS</u> Resident #2 was provided a pureed lunch; however, the food texture ordered was soft diet (4/9/2019).</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>please see attached</i></p>	<p><i>9/6/19</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (l) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.</p> <p><u>FINDINGS</u> Resident #2 was provided a pureed lunch; however, the food texture ordered was soft diet (4/9/2019).</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>please see attached</i></p>	<p><i>9/6/19</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (f) Toxic chemicals and cleaning agents, such as insecticides, fertilizers, bleaches and all other poisons, shall be properly labeled and securely stored apart from any food supplies.</p> <p><u>FINDINGS</u> Toxic chemicals and cleaning agents not securely stored. Locking device was not engaged on cabinet where such items were stored.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>please see attached</i></p>	<p><i>9/6/19</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (f) Toxic chemicals and cleaning agents, such as insecticides, fertilizers, bleaches and all other poisons, shall be properly labeled and securely stored apart from any food supplies.</p> <p><u>FINDINGS</u> Toxic chemicals and cleaning agents not securely stored. Locking device was not engaged on cabinet where such items were stored.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>please see attached</i></p>	<p><i>9/6/19</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #2 – Chocolate Ensure, 1 can daily ordered on 4/9/2019, not provided as ordered. Ensure pudding provided instead, but there was no physician's order.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>please see attached</p>	<p>9/6/19</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #2 – Chocolate Ensure, 1 can daily ordered on 4/9/2019, not provided as ordered. Ensure pudding provided instead, but there was no physician's order.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>please see attached</p>	<p>9/6/19</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – Medication order parameters for Diltiazem state, “Hold for SBP <100 or Pulse <60.” Medication administered multiple times despite the resident’s pulse being <60. Parameters were not followed.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – Medication order parameters for Diltiazem state, “Hold for SBP <100 or Pulse <60.” Medication administered multiple times despite the resident’s pulse being <60. Parameters were not followed.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>please see attached</i></p>	<p><i>9/6/19</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – Medication order parameters for Losartan state, “Hold for SBP <100 or Pulse <56.” Losartan order administered on 2/24/2019; however, no parameters recorded.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – Medication order parameters for Losartan state, “Hold for SBP <100 or Pulse <56.” Losartan order administered on 2/24/2019; however, no parameters recorded.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>please see attached</i></p>	<p><i>2/6/19</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – Medication order on 5/1/2019 for Buspirone HCl 10 mg tab =</p> <ul style="list-style-type: none"> • Take 1 tab po BID and • Take 1 tab po QD prn <p>Medication label = “One tablet by mouth three times a day.” Medication order and label do not match.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>please see attached</i></p>	<p><i>9/6/19</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – Medication order on 5/1/2019 for Buspirone HCl 10 mg tab =</p> <ul style="list-style-type: none"> • Take 1 tab po BID and • Take 1 tab po QD prn <p>Medication label = “One tablet by mouth three times a day.” Medication order and label do not match.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>please see attached</i></p>	<p><i>9/6/19</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (l) There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications.</p> <p><u>FINDINGS</u> Stock medication cabinet contained two (2) boxes of lubricant eye drops with 6/2019 expiration date.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>please see attached</i></p>	<p><i>9/6/19</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (l) There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications.</p> <p><u>FINDINGS</u> Stock medication cabinet contained two (2) boxes of lubricant eye drops with 6/2019 expiration date.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>please see attached</i></p>	<p><i>9/6/19</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><u>FINDINGS</u> Resident #1 – No initials on medication administration record for Diltiazem administration on 4/28/2019.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><u>FINDINGS</u> Resident #1 – No initials on medication administration record for Diltiazem administration on 4/28/2019.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>please see attached</i></p>	<p><i>9/6/19</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><u>FINDINGS</u> Resident #2 – Medication administration record indicated that chocolate Ensure, 1 can po daily was being provided; however, per facility staff, Ensure pudding was provided instead.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>please see attached</i></p>	<p><i>9/6/19</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><u>FINDINGS</u> Resident #2 – Medication administration record indicated that chocolate Ensure, 1 can po daily was being provided; however, per facility staff, Ensure pudding was provided instead.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>please see attached</i></p>	<p>9/6/19</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-16 <u>Personal care services.</u> (j) Resident(s) manifesting behaviors that may cause injury to self or others shall be assessed by a physician or APRN to determine least restrictive alternatives to physical restraint use, which may be used only in an emergency when necessary to protect the resident from injury to self or to others. If restraint use is determined to be required and ordered by the resident's physician or APRN, the resident and the resident's family, guardian or surrogate, and case manager shall be notified and a written consent obtained. The licensee shall maintain a written policy for restraint use outlining resident assessment processes, indications for use, monitoring and evaluation and training of licensee and substitute care givers. Renewal orders for restraint use shall be obtained on a weekly basis from the resident's physician or APRN based on the assessment, monitoring and evaluation data presented by the primary care giver.</p> <p><u>FINDINGS</u> Resident #1 – August 2018 monthly summary identifies use of a lap restraint, bed rails, and bed rail padding. However, there was no order from the resident's physician for restraint use. Also, there was no documentation that the resident's family, guardian, or case manager were notified, and a written consent obtained.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-16 Personal care services. (j) Resident(s) manifesting behaviors that may cause injury to self or others shall be assessed by a physician or APRN to determine least restrictive alternatives to physical restraint use, which may be used only in an emergency when necessary to protect the resident from injury to self or to others. If restraint use is determined to be required and ordered by the resident's physician or APRN, the resident and the resident's family, guardian or surrogate, and case manager shall be notified and a written consent obtained. The licensee shall maintain a written policy for restraint use outlining resident assessment processes, indications for use, monitoring and evaluation and training of licensee and substitute care givers. Renewal orders for restraint use shall be obtained on a weekly basis from the resident's physician or APRN based on the assessment, monitoring and evaluation data presented by the primary care giver.</p> <p><u>FINDINGS</u> Resident #1 – August 2018 monthly summary identifies use of a lap restraint, bed rails, and bed rail padding. However, there was no order from the resident's physician for restraint use. Also, there was no documentation that the resident's family, guardian, or case manager were notified, and a written consent obtained.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>please see attached</i></p>	<p><i>9/6/19</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><u>FINDINGS</u> Resident #2 – Progress notes did not include observations on the signs and symptoms of aspiration during meals for resident with dysphagia who is on pureed diet with nectar thick liquids.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><u>FINDINGS</u> Resident #2 – Progress notes did not include observations on the signs and symptoms of aspiration during meals for resident with dysphagia who is on pureed diet with nectar thick liquids.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>please see attached</i></p>	<p><i>9/6/19</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(5) During residence, records shall include:</p> <p>Entries detailing all medications administered or made available;</p> <p><u>FINDINGS</u> Resident #1 – January 2019 medication administration record missing.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>please see attached</i></p>	<p><i>9/6/19</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(5) During residence, records shall include:</p> <p>Entries detailing all medications administered or made available;</p> <p><u>FINDINGS</u> Resident #1 – January 2019 medication administration record missing.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>please see attached</i></p>	<p><i>9/6/19</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(1) General rules regarding records:</p> <p>All entries in the resident's record shall be written in black ink, or typewritten, shall be legible, dated, and signed by the individual making the entry;</p> <p><u>FINDINGS</u> Resident #1 – Blue ink used on medication administration record.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(1) General rules regarding records:</p> <p>All entries in the resident's record shall be written in black ink, or typewritten, shall be legible, dated, and signed by the individual making the entry;</p> <p><u>FINDINGS</u> Resident #1 – Blue ink used on medication administration record.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>please see attached</i></p>	<p><i>9/6/19</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(4) General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p><u>FINDINGS</u> Resident #1 – Pulse reading for Losartan medication repeatedly documented incorrectly on medication administration record.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(4) General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p><u>FINDINGS</u> Resident #1 – Pulse reading for Losartan medication repeatedly documented incorrectly on medication administration record.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>please see attached</i></p>	<p><i>9/6/19</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-52 <u>Primary care giver requirements.</u> (6) The licensee of a Type II ARCH facility acting as the administrator or the individual that the licensee has designated as the administrator, in addition to the requirements in section 11-100.1-8(a), shall:</p> <p>Be accountable for providing training for all facility personnel in the provision of resident care in conjunction with the principles of the social model.</p> <p><u>FINDINGS</u> PCG – No evidence of accountability for providing training to facility personnel in the provision of resident care.</p> <ul style="list-style-type: none"> • Staff, including direct care givers, were not familiar with who the PCG was. • Nurse manager has had no contact from the PCG. 	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>please see attached</i></p>	<p><i>9/6/15</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-52 <u>Primary care giver requirements.</u> (6) The licensee of a Type II ARCH facility acting as the administrator or the individual that the licensee has designated as the administrator, in addition to the requirements in section 11-100.1-8(a), shall:</p> <p>Be accountable for providing training for all facility personnel in the provision of resident care in conjunction with the principles of the social model.</p> <p><u>FINDINGS</u> PCG – No evidence of accountability for providing training to facility personnel in the provision of resident care.</p> <ul style="list-style-type: none"> • Staff, including direct care givers, were not familiar with who the PCG was. • Nurse manager has had no contact from the PCG. 	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>please see attached</i></p>	<p><i>9/6/19</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-55 <u>Nutrition and food sanitation.</u> (2) In addition to the requirements in section 11-100.1-13 the following shall apply to all Type II ARCHs:</p> <p>All consultant dietitians shall provide special diet training for food preparation staff and ensure staff competency;</p> <p><u>FINDINGS</u> No documented evidence that the facility utilized the Consultant RD to provide special diet training for food preparation staff.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>please see attached</i></p>	<p><i>9/6/19</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-55 <u>Nutrition and food sanitation.</u> (2) In addition to the requirements in section 11-100.1-13 the following shall apply to all Type II ARCHs:</p> <p>All consultant dietitians shall provide special diet training for food preparation staff and ensure staff competency;</p> <p><u>FINDINGS</u> No documented evidence that the facility utilized the Consultant RD to provide special diet training for food preparation staff.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>please see attached</i></p>	<p><i>9/6/19</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-87 <u>Personal care services.</u> (a) The primary care giver shall provide daily personal care and specialized care to an expanded ARCH resident as indicated in the care plan. The care plan shall be developed as stipulated in section 11-100.1-2 and updated as changes occur in the expanded ARCH resident's care needs and required services or interventions.</p> <p><u>FINDINGS</u> Resident #2 – No documented evidence that the intervention “Stand-By Assist During Eating Due to High Risk of Choking,” was provided as indicated in the Nutritional Needs care plan.</p>	<p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-87 <u>Personal care services.</u> (a) The primary care giver shall provide daily personal care and specialized care to an expanded ARCH resident as indicated in the care plan. The care plan shall be developed as stipulated in section 11-100.1-2 and updated as changes occur in the expanded ARCH resident's care needs and required services or interventions.</p> <p><u>FINDINGS</u> Resident #2 – No documented evidence that the intervention “Stand-By Assist During Eating Due to High Risk of Choking,” was provided as indicated in the Nutritional Needs care plan.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>please see attached</i></p>	<p><i>9/6/19</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(4) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions;</p> <p><u>FINDINGS</u> Resident #2 – “Safety in Mobility Due to Aging and Disease Process,” care plan intervention noted: “Ambulate using FWW with stand-by assist, within his room, care home, and community outings. Use wheelchair when tired and prn.” Resident is wheelchair dependent. He is able to stand and pivot; however, he is not ambulatory.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>please see attached</i></p>	<p><i>9/6/19</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(4) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions;</p> <p><u>FINDINGS</u> Resident #2 – “Safety in Mobility Due to Aging and Disease Process,” care plan intervention noted: “Ambulate using FWW with stand-by assist, within his room, care home, and community outings. Use wheelchair when tired and prn.” Resident is wheelchair dependent. He is able to stand and pivot; however, he is not ambulatory.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>please see attached</i></p>	<p><i>9/6/15</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(4) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions;</p> <p><u>FINDINGS</u> Resident #2 – “Self-Care Deficit Due to Cognitive Impairment,” care plan intervention noted: “May crush all medications as allowed by manufacturer.” The care plan did not reflect that the medications are crushed.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>please see attached</i></p>	<p><i>9/6/19</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(4) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions;</p> <p><u>FINDINGS</u> Resident #2 – “Self-Care Deficit Due to Cognitive Impairment,” care plan intervention noted: “May crush all medications as allowed by manufacturer.” The care plan did not reflect that the medications are crushed.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>please see attached</i></p>	<p><i>9/6/19</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(5) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Promote continuity of care and appropriate integration and utilization of services necessary to implement the care plan;</p> <p><u>FINDINGS</u> Resident #2 – No evidence of staff training by the case manager on signs and symptoms of aspiration for resident with dysphagia.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>please see attached</i></p>	<p><i>9/6/19</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(5) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Promote continuity of care and appropriate integration and utilization of services necessary to implement the care plan;</p> <p><u>FINDINGS</u> Resident #2 – No evidence of staff training by the case manager on signs and symptoms of aspiration for resident with dysphagia.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>please see attached</i></p>	<p><i>9/6/19</i></p>

Licensee's/Administrator's Signature: Calvin Hare

Print Name: Calvin Hare

Date: 9/9/19

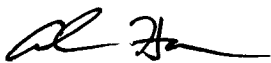
CHAPTER NUMBER

11-100.1-8 (a)(5)

PART 1

On 7/19/19, the Department of Health was notified that the listed PCG is no longer the PCG. A new Nurse Manager (RN) was hired on 07/25/19 and will take the ARCH modules as soon as the education institution, KCC, has an opening for the course work. The new PCG will have documentation of ARCH modules completed.

RECEIVED



Calvin Hara
September 6, 2019

CHAPTER NUMBER

11-100.1-8(a)(5)

PART 2

The Manoa Cottage management will assure that the new PCG will have documentation that ARCH modules are completed. In the future, the HR Coordinator will utilize a checklist of all requirements for the PCG position so when hiring, the requirements are met. On-going, the HR Coordinator will monitor this requirement for its annual compliance.



Calvin Hara
September 6, 2019

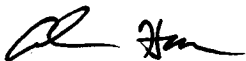
RECEIVED

CHAPTER NUMBER

11-100.1-9(a)

PART 1

On 7/19/19, the Department of Health was notified that the listed PCG is no longer the PCG. A new Nurse Manager (RN) was hired on 07/25/19. The new Nurse Manager has a current physical examination on file and as soon as the education institution, KCC, has an opening for the ARCH modules, the Nurse Manager will take the course to fulfill PCG requirements.



Calvin Hara
September 6, 2019

11-100.1-9(a)

PART 2

The Manoa Cottage management will assure that the new PCG will have documentation on an annual physical examination on file. In the future, the HR Coordinator will utilize a checklist of all requirements for the PCG position so when hiring, the requirements are met. On-going, the HR Coordinator will monitor this requirement for its annual compliance.



Calvin Hara
September 6, 2019

RECEIVED

CHAPTER NUMBER

11-100.1-13(1)

PART 1

The Nurse Manager conducted a staff inservice on 9/3/19 on resident diet textures and liquid consistency which included the reminder that Resident #2's food texture ordered was soft diet.



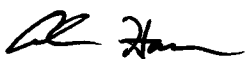
Calvin Hara
September 6, 2019

RECEIVED

11-100.1-13(1)

PART 2

Staff will utilize the resident diet texture and liquid consistency legend and medication administration record to assure that the resident is provided the food as ordered. A staff was conducted by the Nurse Manager on 9/3/19 on the resident diet texture and liquid consistency legend and medication administration record to assure that the resident is provided the food as ordered. Nursing Assistants will monitor the resident's food at each meal to be sure that the resident's food is as ordered. Random audits and observations will be conducted weekly by the Nurse Manager to assure that the food given is as ordered. The Nurse Manger will conduct further inservice training if it is identified that more training is needed as a result of the random audits and observations.



Calvin Hara

September 6, 2019

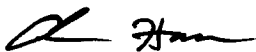
RECEIVED

CHAPTER NUMBER

11-100.1-14(f)

PART 1

On 7/18/19, the locking device was engaged by staff to secure the chemicals. A label has been placed on the cabinet which states to keep locked at all times. Nursing Assistants will observe the cabinet routinely when walking by to assure that the cabinet is locked.



Calvin Hara
September 6, 2019

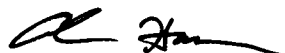
RECEIVED

CHAPTER NUMBER

11-100.1-14(f)

PART 2

The Nurse Manager conducted an inservice training with the Nursing Assistants on the requirement to have toxic chemicals and cleaning agents securely stored in locking cabinets. All staff will monitor daily, the cabinet, to be sure that toxic chemicals and cleaning agents are securely stored with a lock on the cabinet. The Administrative Nursing Assistant will conduct random audits, twice a week, to be sure that the cabinet is locked. The Nurse Manager will conduct further inservice training should the random audit results reveal the need for more training



Calvin Hara
September 6, 2019


RECEIVED

CHAPTER NUMBER

11-100.1-15(e)

PART 1

The Nurse Manager conducted an inservice on 9/3/19 to remind staff that the resident is to be given the type of Ensure per the physician order. Staff were reminded that Resident #2's order is for Chocolate Ensure.



Calvin Hara
September 6, 2019

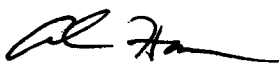
RECEIVED

CHAPTER NUMBER

100-100.1-5(e)

PART 2

A physician order will be obtained when there is a change to the type of Ensure product. The Nurse Manager will conduct random audits weekly of the Ensure product given to a resident to assure it is per the physician order.


Calvin Hara
September 6, 2019

RECEIVED

18 SEP 19 10:00

CHAPTER NUMBER

11-100.1-15(e)

PART 2

An inservice training was conducted by the Nurse Manager on the following of medication order parameters. The Nursing Assistants will conduct shift-to-shift audits to assure that medication order parameters were followed. Should there be a need for additional inservice training, the Nurse Manager will provide the additional training.



Calvin Hara
September 6, 2019

SEP 16 2019

RECEIVED

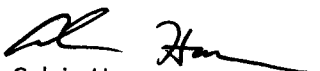
CHAPTER NUMBER

11-100.1-15(e)

PART 2

A staff inservice training was held to discuss the requirement of documenting of medication parameters. The Nursing Assistants will conduct shift-to-shift audits of the medical administration records to assure that medication order parameters are recorded. Should there be a need for additional inservice training, the Nurse Manager will provide the additional training.

RECEIVED



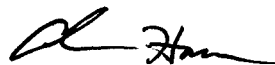
Calvin Hara
September 6, 2019

CHAPTER NUMBER

11-100.1-15(e)

PART 1

Resident #2's Buspirone medication label was corrected by the pharmacy and Nurse Manager, by utilizing the pharmacy provided label with the instructions. Nursing Assistants will check at the time of the medication pass that the medication order and label match.



Calvin Hara
September 6, 2019

19 SEP 10 07:39

RECEIVED

CHAPTER NUMBER

11-100.1-15(e)

PART 2

The staff was inserviced on the requirement that medication orders and labels match. The Administrative Nursing Assistant will audit monthly and whenever a new medication order is received that the medication label and medication orders match the new order. Should the labels not match, the pharmacy provider will be contacted to correct the label. The Administrative Nursing Assistant will report monthly the audit findings to the Nurse Manager. should the audit results identify a need to review again the procedures, then another inservice will be conducted by the Nurse Manager for the Nursing Assistants.



Calvin Hara
September 6, 2019

11-100.1-15(e)

RECEIVED

CHAPTER NUMBER

11-100.1-15(l)

PART 1

The two (2) boxes of lubricant eye drops with 6/2019 expiration date were destroyed on 7/19/19.



Calvin Hara
September 6, 2019

RECEIVED

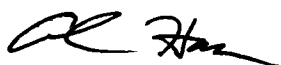
SEP 19 2019

CHAPTER NUMBER

11-100.1-15(l)

PART 2

The Administrative Nursing Assistant will audit the supply cabinet monthly to assure that there are no expired medications. The Administrative Nursing Assistant will maintain a list of "about to expire medications" to serve as a cue The Administrative Nursing Assistant will report monthly the audit findings to the Nurse Manager.



Calvin Hara
September 6, 2019

11-100.1-15(l)

11-100.1-15(l)

CHAPTER NUMBER

11-100.1-15(m)

PART 2

The Nursing Assistants, will, shift-to-shift audit the medication administration record to be sure that initials are on the medication administration record for medications given.

The Administrative Nursing Assistant will audit the medication administration record weekly to be sure that there are initials for medication given. The Administrative Nursing Assistant will report weekly the audit findings to the Nurse Manager.

RECEIVED

19 SEP 10 PM 20



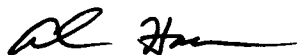
Calvin Hara
September 6, 2019

CHAPTER NUMBER

11-100.1-15 Medications (m)

PART 1

Staff were reminded to give the resident Ensure chocolate drink as ordered. An inservice was conducted by the Nurse Manager on the importance of giving the resident the proper Ensure drink as ordered.



Calvin Hara
September 6, 2019

09/06/2019 10:00 AM

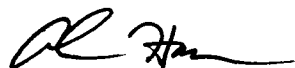
RECEIVED

CHAPTER NUMBER

11-100.1-15 Medications (m)

PART 2

A staff inservice was conducted by the Nurse Manager for Nursing Assistants to state that the medication orders need to be followed as indicated and a substitution cannot be given without an order. The Administrative Nursing Assistant will monitor the medication administration orders weekly to assure that Chocolate Ensure is provided. The Administrative Nursing Assistant will report weekly the audit findings to the Nurse Manager.



Calvin Hara
September 6, 2019

0:00 01:05 64.

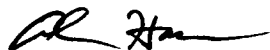
RECEIVED

CHAPTER NUMBER

11-100.1-16(j)

PART 2

The Nurse Manager will audit the monthly summaries to be sure that there is a physician order for restraint use and that there is documentation that the resident's family, guardian, or case manager are notified, and a written consent is obtained. The Nurse Manager will utilize a weekly calendar to check that physician orders for restraint use is received. A reminder on the requirement will be placed chart binder. The Administrative Nursing Assistant will double check the physician orders to be sure that there is an order.



Calvin Hara
September 6, 2019

09/06/2019

RECEIVED

CHAPTER NUMBER

11-100.1-17 (b)(3)

PART 2

The Nurse Manager will assure thru monthly audits that the resident #2's progress notes include observations on the signs and symptoms of aspiration during meals for residents with dysphagia. The Nurse Manager conducted for Nursing Assistants on the signs and symptoms of aspiration. The Executive Director and Administrator will audit the progress notes for completeness.



Calvin Hara
September 6, 2019

19 SEP 10 02:20

RECEIVED

CHAPTER NUMBER

11-100.1-17 (b)(5)

PART 1

A thorough search was conducted to locate the January 2019 missing medication administration record but was not found. Part 2 provides a detailed plan on preventing this occurrence again.



Calvin Hara
September 6, 2019

19 SEP 10 PM 2:20


RECEIVED

CHAPTER NUMBER

11-100.1-17 (b)(5)

PART 2

The Administrative Nursing Assistant will audit the medication administrative record monthly to assure that the record is available. The Administrative Nursing Assistant will double check the filing of the prior month's medication administration record to assure its presence for the particular resident. A checklist, to be completed by the first week of the month, will be utilized for each month's check to be sure each the presence of each resident's record. The Administrative Nursing Assistant will report monthly the audit findings to the Nurse Manager.



Calvin Hara
September 6, 2019

19 SEP 10 12:50

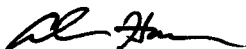
RECEIVED

CHAPTER NUMBER

11-100.1-17 (f)(1)

PART 2

The staff will audit shift-to-shift to assure that black ink is used for all entries in the resident's record. The Administrative Nursing Assistant will audit monthly the medication administration records to assure that black ink is used. The Administrative Nursing Assistant will report monthly the audit findings to the Nurse Manager.



Calvin Hara
September 6, 2019

19 SEP 10 22:30

19 SEP 10 22:30

CHAPTER NUMBER

11-100.1-17(f)(4)

PART 2

A staff inservice was conducted about pulse readings being recorded correctly on the medication administration record. The Administrative Nursing Assistant will audit monthly the medication administration record to assure that pulse readings are recorded corrected. The Administrative Nursing Assistant will report monthly the audit findings to the Nurse Manager.



Calvin Hara
September 6, 2019

79 80 10 12 59

09/06/2019

CHAPTER NUMBER

11-100.1-52 (6)

PART 1

On 7/19/19, the Department of Health was notified that the listed PCG is no longer the PCG. A new Nurse Manager (RN) was hired on 07/25/19 and will take the ARCH modules as soon as the education institution, KCC, has an opening for the course work. The Nurse Manager once certified as a PCG, will assure that there is evidence of accountability for providing training to facility personnel in the provision of resident care.



Calvin Hara
September 6, 2019


10-28-19 10:28 AM
10-28-19 10:28 AM
10-28-19 10:28 AM
10-28-19 10:28 AM

CHAPTER NUMBER

11-100.1-52 (6)

PART 2

The Manoa Cottage management will assure that the new PCG will have evidence of accountability for providing training to facility personnel in the provision of resident care. The Nurse Manager will verify that there is accountability for providing training to facility personnel in the provision of resident care. The Nurse Manager will utilize a training schedule which will calendar each required training modality and a checklist will indicate completion of the training modality.



Calvin Hara
September 6, 2019

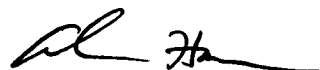
19 SEP 10 09:20
FACILITY

CHAPTER NUMBER

11-100.1-55 (2)

PART 1

Documentation of the Consultant RD providing special diet training for food preparation staff occurred on 05/06/19.



Calvin Hara
September 6, 2019

19 SEP 10 P2:20
11-100.1-55 (2)

CHAPTER NUMBER

11-100.1-55 (2)

PART 2

The Nurse Manager will assure that the Consultant RD provides special diet training on a regular basis for food preparation staff. An annual calendar for the Nurse Manager and the Consultant RD will be utilized to serve as a reminder of this requirement.



Calvin Hara
September 6, 2019

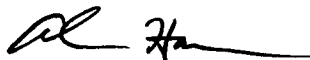
19 SEP 10 02:20
FBI - NEW YORK

CHAPTER NUMBER

11-100.1-87(a)

PART 2

The Nurse Manager will assure that the intervention "Stand-By Assist during Eating Due to High Risk of Choking" is indicated as a "for your information (FYI)" is added in the medication administration record. The Nurse Manager will randomly audit weekly the medication administration record to assure that the intervention "Stand-By Assist during Eating Due to High Risk of Choking" is indicated as a "for your information (FYI)" in the medication administration record. The Nurse Manager will conduct weekly, random observation of staff for the stand-by assist.



Calvin Hara
September 6, 2019

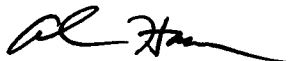
19 SEP 10 22:20
19 SEP 10 22:20
19 SEP 10 22:20

CHAPTER NUMBER

11-100.1-88(c)(4)

PART 1

The resident's care plan will be updated by the case management service to reflect changes which occur in the expanded ARCH resident care needs, services and/or interventions. The Nurse Manager will check the care plan monthly at the time of completion before the case manager leaves at the time of the visit, to assure that that update the resident's care plan reflect changes of the resident.



Calvin Hara
September 6, 2019

19 SEP 10 P2:21
SEP 10 2019
10/10/2019

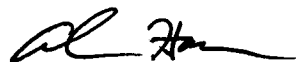
CHAPTER NUMBER

11-100.1-88(c)(4)

PART 2

The Nurse Manager will assure that case management service updates the resident's care plan to reflect changes which occur in the expanded ARCH resident care needs, services and/or interventions. The Nurse Manager will conduct a monthly audit to assure that the case management service has updated resident's care plan to reflect changes which occur in the expanded ARCH resident care needs, services and/or interventions.

The Nurse Manager will check the care plan monthly at the time of completion before the case manager leaves at the time of the visit, to assure that that it reflect changes in care needs, services and/or interventions.



Calvin Hara
September 6, 2019

SEP 10 10:00 AM
SEP 10 10:00 AM
SEP 10 10:00 AM

CHAPTER NUMBER

11-100.1-88(c)(4)

PART 1

The case management service updated the resident's care plan to reflect the "Self-Care Deficit Due to Cognitive Impairment" care plan intervention which noted "may crush all medications as allowed by manufacturer."



Calvin Hara
September 6, 2019

19 SEP 10 PM 2:21
RECEIVED
SEP 10 2019
STATION 1000

CHAPTER NUMBER

11-100.1-88(c)(4)

PART 2

The Nurse Manager will assure that the case management service will update the resident's care plan to reflect the "Self-Care Deficit Due to Cognitive Impairment" care plan intervention which noted "may crush all medications as allowed by manufacturer."

The Nurse Manager will check the care plan monthly at the time of completion before the case manager leaves at the time of the visit, to assure that that update the resident's care plan reflect the "Self-Care Deficit Due to Cognitive Impairment" care plan intervention which noted "may crush all medications as allowed by manufacturer."



Calvin Hara
September 6, 2019

SEP 10 10:43 AM
SU
STC

SEP 10 P2:21

SEP 10 10:43 AM

CHAPTER NUMBER

11-100.1-88(c)(5)

PART 1

The case management service provided inservice training 9/3/19 to staff on the signs and symptoms of aspiration precautions for residents with dysphagia so staff can identify those signs and symptoms so staff can identify those signs and symptoms.



Calvin Hara
September 6, 2019

STATE MEDICAL
19 SEP 10 P2:21

CHAPTER NUMBER

11-100.1-88(c)(5)

PART 2

The Nurse Manager will assure that the case management service provides inservice training to staff on the signs and symptoms of aspiration for expanded ARCH residents with dysphagia. The Nurse Manager will review the care plan monthly and when there's a change of condition, as deemed necessary, to see what staff training is needed and will schedule it with the case manager.

The Nurse Manager will audit monthly to assure that there has been inservice training to staff on the signs and symptoms of aspiration for expanded ARCH residents with dysphagia.

STATE OF OHIO
DEPARTMENT OF
STATE LICENSING

19 SEP 10 P2:21



Calvin Hara
September 6, 2019